

Alaska Health Care Commission

Meeting Discussion Guide
March 8–9, 2012

State Policy Barriers – Context

- ▶ We need a snap-shot of the federal regulatory environment within which the health care industry operates to help us understand:
 - The significant scope of the oversight of the health care industry exercised by the federal government
 - The importance of distinguishing between federal and state policy
 - The impact of the Supremacy Clause and the preemption doctrine
 - Article VI: “This Constitution and the laws of the United States...shall be the supreme law of the land...anything in the constitutions or laws of any State to the contrary notwithstanding.”
 - Any federal law or regulation trumps any conflicting state law, and can be either express or implied.

Federal Regulatory Environment

- ▶ **PPACA** – Patient Protection & Affordable Care Act
- ▶ **ARRA/HITECH** – American Recovery & Reinvestment Act/Health Information Technology & Clinical Health Act
- ▶ **ERISA** – Employee Retirement Income Security Act
- ▶ **COBRA** – Consolidated Omnibus Budget Reconciliation Act
- ▶ **HIPAA** – Health Insurance Portability and Accountability Act
- ▶ **EMTALA** – Emergency Medical Treatment and Active Labor Act
- ▶ **MHPAEA** – Mental Health Parity and Addiction Equity Act
- ▶ **ADA** – Americans with Disability Act
- ▶ **FDA** – Food and Drugs Act
- ▶ **GINA** – Genetic Information Nondiscrimination Act
- ▶ **FSHCAA** – Federally Supported Health Centers Assistance Act
- ▶ **IHCIA** – Indian Health Care Improvement Act
- ▶ **FTCA** – Federal Tort Claims Act
- ▶ **Antitrust Laws** (Sherman, Clayton, FTC, etc....)
- ▶ **Tax Laws**
- ▶ **Labor Laws**
- ▶ **Medicare Laws**
- ▶ **Medicaid/CHIP Laws**

State Regulatory Environment

- ▶ State Constitution
- ▶ Insurance Laws
- ▶ Public Health Laws
- ▶ Medicaid Laws
- ▶ Provider Licensure and Certification
- ▶ Facility Certification
- ▶ Certificate of Need
- ▶ Workers' Compensation

Alaska State Constitution

- ▶ **Section 1.22 – Right of Privacy:** The right of the people to privacy is recognized and shall not be infringed. The legislature shall implement this section.
- ▶ **Section 7.4 – Public Health:** The legislature shall provide for the promotion and protection of public health.
- ▶ **Section 12.7 – Retirement Systems:** Membership in employee retirement systems of the State or its political subdivisions shall constitute a contractual relationship. Accrued benefits of these systems shall not be diminished or impaired.

Examples of Recent/Past Health Industry Priorities for State Health Policy Change

- ▶ Workforce
 - Licensure and Certification
 - Background Checks
 - Training Requirements
 - Support for Training Programs
 - Support for Recruitment and Retention Programs
 - Labor Issues

- ▶ Reimbursement (including program eligibility)
 - Medicaid
 - Workers' Comp

- ▶ Infrastructure Development
 - Support for Construction Projects

Tracking Prior Year Recommendations: Patient-Centered Medical Homes

▶ Medicaid PCMH Consultant

- Public Consulting Group just awarded contract
- Partnership between DHSS and the Alaska Mental Health Trust Authority.
- Consultative to DHSS on design of Medicaid PCMH pilot program.

▶ T-CHIC Initiative

- Evaluating use of HIT and quality/outcome measurement for improving health and services for children enrolled in CHIP within a patient-centered pediatric medical home
- Three Alaskan practice site grantees
 - Unalaska/Iliuliuk Clinic
 - Peninsula Community Health Services of Alaska
 - Southcentral Foundation
- The Child and Adolescent Health Measurement Initiative at OHSU (Oregon Health & Science University) is providing technical assistance regarding PCMH and quality measurement.
- Mathematica is the consultant contracted with CMS to conduct the evaluation. Their practice site survey tool incorporates NCQA criteria. Findings are intended to provide guidance for medical practices and states nation-wide.
- Alaska T-CHIC is currently working on specifications for quality measures as federal specs cannot be operationalized at the practice level. Specs should be finalized this quarter, with 1st reports available by July

Tracking Prior Year Recommendations: Patient-Centered Medical Homes

- ▶ Alaska Primary Care Association
 - \$400,000 capital grant from State Legislature in 2011 to support adoption of PCMH model in community health centers.
 - 3 CHCs will receive \$100,000; the remainder will be used for technical assistance and admin.
 - CHC proposals due March 7
 - Project implementation summer 2012.

Tracking Prior Year Recommendations: EBM & Payment Reform

- ▶ DOA RFP for Health Management & Health Plan Design Consultant for AlaskaCare, PERS/TERS, Medicaid, Workers' Comp, and Corrections.
 - Released Feb 22. Proposals due Mar 20.
 - Related to Commission Recommendations – Addresses EBM principles, and alignment of state health care payment program strategies.

Tracking Prior Year Recommendations: Transparency

- ▶ APCD Needs Assessment/Feasibility Consultant RFP
 - Will be developed in consultation with State HIT Director and Health Policy Deputy to align with state health information infrastructure development goals and plans.
 - Health Information Exchange requirements and capabilities
 - Meaningful Use requirements
 - Health Insurance Exchange capabilities
 - Hospital Discharge Database
 - Will specify goals, and include a deliverable for advice on alternatives to APCD for achieving desired goals. Goals:
 - Price & Quality Transparency for reports to the public
 - Population health management support for providers and payers
 - Clinical quality improvement support for providers
 - Performance reporting for payers
 - Information needs for public policy decision makers
 - Information needs for hospital and community health planners
 - Will also request examples of price and quality transparency laws and systems from other states
 - Planned RFP release: April 1

Tracking Prior Year Recommendations: Obesity; Immunizations



Tracking Prior Year Recommendations: Health Information

- ▶ Health Information Technology (HIT) Updates
 - EHR (Electronic Health Records) Incentive Payments
 - Professionals
 - 348 registered with CMS; 304 registered with State
 - 76 paid a total of \$1.6 million to-date
 - Hospitals
 - 17 registered with CMS; 15 registered with State
 - 9 paid a total of \$6 million to-date
 - Regional Extension Centers (REC)
 - Tribal REC: 933 providers signed-up
 - AeHN REC: 390 providers signed-up
 - Meaningful Use Stage 2 regulations released by CMS, and Standard & Certification regs released by ONC on Feb 23.
 - HIE (Health Information Exchange)
 - HIE Data Use Agreements signed with 34 organizations.
 - Work to develop Master Client Index and Master Provider Index continues

Tracking Prior Year Recommendations: Workforce Development

- ▶ The Alaska Health Workforce Coalition continues to implement the Action Plan, and meets monthly to coordinate efforts. Stay tuned for an update presentation from them later this year.
- ▶ Legislation and State budget items directly related to Commission's 2009 Workforce recommendations:
 - HB 78 – establishing a loan repayment and employment incentive program for health care providers
 - Pending in the House Finance Committee
 - Funding for an Alaska Psychiatric Residency Program
 - Numerous provider organizations partnering to support funding
 - Requested state funding not included in FY 13 budget appropriations bill, but may be added through amendment process.
- ▶ Other residency program development efforts
 - Family Medicine
 - Fairbanks
 - Mat-Su

BH System – Preliminary Findings

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